

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155704		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/22/2012	
NAME OF PROVIDER OR SUPPLIER WALDRON HEALTH AND REHAB CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 505 N MAIN ST WALDRON, IN 46182			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
F0000	<p>This visit was for Recertification and State Licensure Survey.</p> <p>Survey dates: February 19, 20, 21, 22, 2012</p> <p>Facility Number: 000423 Provider Number: 155704 AIM Number: 100290450</p> <p>Survey team: Barbara Hughes, RN, TC Courtney Mujic, RN (February 20, 21, 22, 2012) Beth Walsh, RN (February 20, 21, 22, 2012) Karina Gates, HBS</p> <p>Census bed type: SNF/NF: 59 Total: 59</p> <p>Census payor type: Medicare: 11 Medicaid: 41 6 Other: 7 Total: 59</p> <p>Sample: 14 Supplemental sample: 2</p> <p>This deficiency also reflects state findings</p>		F0000	<p>This Plan of Correction is the facility's credible allegation of compliance.</p> <p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider to the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED
OMB NO. 0938-0391

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	cited in accordance with 410 IAC 16.2. Quality review completed 2/28/12 Cathy Emswiller RN						

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F0371 SS=F	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>Based on observation and interview, the facility failed to ensure proper food holding temperatures were maintained, on the kitchen steam table, throughout meal service to the end of the meal service. This had the potential to affect 52 out of 59 residents who receive their meals exclusively from the meal service line. [Resident # 54]</p> <p>Findings include:</p> <p>On 2/20/12 at 12:10 p.m., food temperatures were obtained from the kitchen steam table, with the Dietary Manager, as soon as the last meal was served. The pureed baked beans had a temperature reading of 118 degrees Fahrenheit and the ground ham had a temperature reading of 84 degrees Fahrenheit.</p> <p>On 2/22/12/ at 11:50 a.m., food temperatures were obtained from the steam table, with the Dietary Manager and the Regional Dietician, as soon as the</p>		F0371	<p>Tag Number F371 Food Procure, Store/Prepare/Serve-SanitaryIt is the practice of this facility to;(1) Procure food from sources approved or considered satisfactory by Federal, State, or local authorities; and(2) Store, prepare, distribute and serve food under sanitary conditions.Corrective Action for Resident's affected: The facility purchased new deeper steam table pans and dividers to ensure maintaining correct food temperatures throughout meal service. Dietary staff will be in served on storage, preparation, distribution, and the service of food under sanitary conditions 3/8/12. The Dietary Manager/Designee will perform a tray audit weekly for 4 weeks and then monthly until compliance achieved. ***Addendum*** compliance is defined as food temperatures consistently being within regulatory guidelines. See Attachment A1 The Dietary Manager/Designee will test the ground meat after one meal daily for 4 weeks, weekly for 4 weeks, and then monthly until</p>		03/23/2012	

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	<p>last meal was served. The ground chicken had a temperature reading of 119 degrees Fahrenheit.</p> <p>In an interview with the Regional Dietician on 2/22/12 at 12:05 p.m., she indicated that holding temperatures for food, on the steam table, need to be 135 degrees Fahrenheit or above throughout meal service to the end of meal service. The Dietary Manager also indicated that food holding temperature, on the steam table, should be maintained at 135 degrees Fahrenheit throughout the meal service to the end of service.</p> <p>During a group interview on 2/22/12 at 10:45 a.m., Resident #54 indicated that food is not always the appropriate temperature and it is cold when it should be warm, so sometimes they need to use a microwave to warm up the food.</p> <p>3.1-21(a)(2)</p>			<p>compliance is achieved. See Attachment B1 All findings will be addressed immediately and included in the monthly QA meetings. Resident #54 was not harmed. Other Resident's having the potential to be affected: Although all residents have the potential to be affected by this alleged deficient practice, please note that no adverse effects occurred by any resident. Measures to ensure practice does not reoccur: The facility purchased new deeper steam table pans and dividers to ensure maintaining correct food temperatures throughout meal service. Dietary staff will be in serviced on storage, preparation, distribution, and the service of food under sanitary conditions 3/8/12. The Dietary Manager/Designee will perform a tray audit weekly for 4 weeks and then monthly until compliance achieved. ***Addendum*** compliance is defined as food temperatures consistently being within regulatory guidelines. See Attachment A1 The Dietary Manager/Designee will test the ground meat after one meal daily for 4 weeks, weekly for 4 weeks, and then monthly until compliance is achieved. ***Addendum*** compliance is defined as food temperatures consistently being within regulatory guidelines. See Attachment B1 All findings will be addressed immediately and</p>			

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				<p>included in the monthly QA meetings. This corrective action will be monitored by: The Dietary Manager/Designee will perform a tray audit weekly for 4 weeks and then monthly until compliance achieved. See Attachment A1 The Dietary Manager/Designee will test the ground meat after one meal daily for 4 weeks, weekly for 4 weeks, and then monthly until compliance is achieved. ***Addendum*** compliance is defined as food temperatures consistently being within regulatory guidelines. See Attachment B1 All findings will be addressed immediately and included in the monthly QA meetings. Completion Date: 3/23/2012</p>			